

## FOREWORD

This memorandum has been prepared by the Children's Department of the Home Office, in consultation with the Advisory Council on Child Care. It summarises, in the light of the experience of the last decade, the principles and practice which can be beneficially applied to the care of young children who are deprived either temporarily or permanently of a normal family life in their own homes. It is intended for the general guidance of local authorities and voluntary organisations concerned with the care of children, and for the use of their staff and students in training for the child care service.

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# The Needs of Young Children in Care

## I WIDENING OPPORTUNITIES

### *Developments in methods of care*

- 1 All children need to find that life has a welcome for them; that they are loved and that their love for others is valued; that they can enjoy the expansion of their own varied interests and capacities; and that they can make friends. Special thought has to be given to these needs when children have no family to care for them, and forms of care provided for these children are therefore being re-shaped in such a way as to reproduce the essential opportunities offered in the normal course of events in individual family life. Among the important essentials are long-term continuity of personal relationships, especially with brothers and sisters, as well as parent substitutes, within a small group of closely knit people. Emphasis in the care of children has moved from material necessities such as shelter, clothing and food, to the fulfilment of more general and less tangible needs which have a close bearing upon the emotional, social and intellectual growth of children.
- 2 Developments in methods of care for young children make it increasingly possible to choose for each child the form of care most likely to meet his needs. This possibility of a more effective choice has come about in part through an increase in boarding out, both short and long-term; through the inclusion of young children in small homes for children of any age; through the development of the care of young children in groups of varied ages within residential nurseries; and through an increasing realisation that there should be no enforced moving of a child to or from a particular form of care merely because of his age. The range of services available for young children now corresponds with their needs in a more realistic way than was hitherto the case, though many considerations which have previously applied to methods of care for young children still hold good.

### *Assistance to children with families*

- 3 The first step to be taken when a child comes to the notice of child care authorities is that of examining the family situation and of

deciding with the parents what should be done for the particular child. Some parents seek care for their children when normally settled family life is disrupted by illness or some other unexpected emergency. Other children need care because of weaknesses and difficulties within the family situation. In some instances, appropriate assistance to the family may make it unnecessary for the child to leave his home. In others where family difficulties are greater, he may be received into care for a short while in order to allow time for the parents to re-establish themselves sufficiently to resume his care, sometimes with a continuing period of personal and practical help from a children's department or other appropriate body. The importance of this aspect of child care has been given statutory recognition in Section I of the Children & Young Persons Act, 1963, which lays a duty upon local authorities to make available such advice, guidance and assistance as may promote the welfare of children but diminishing the need for children to be received into or committed to care.

- 4 Some children, whose family situation is delicate or precarious, are from time to time received into short term care. After a relatively short period in care they return home usually at the request of their parents. The family difficulties recur and the children have again to be received into care. This in-and-out pattern of care may unfortunately be repeated for them until such time as the family achieves reasonable stability or the authority finds it necessary to assume parental rights. These repeated changes, with the shattering of relationships which they involve, are most injurious to young children. They result in marked setbacks in development, and the strain of frequent separation and rejection results in serious breakdowns in behaviour. It may prove possible to find a foster home for such children, but if the same foster home cannot remain available to them over a sufficiently long period, greater continuity of care may be ensured for them by placing them in a residential group, provided that every effort is made to see that they return each time to the same place.

#### *Children of unmarried Mothers*

- 5 In choosing the form of care most appropriate for a child, great demands are made on the skill of child care staff, particularly as some issues are complicated by circumstances beyond their control. For example, among the children in need of long term care are

often those of unmarried mothers. There continue to be many problems confronting the unmarried mother who is faced with deciding whether or not she will keep the child. The situation of an unmarried mother who keeps her child is a precarious one both economically and socially; and it is difficult for many mothers to make a realistic decision about their baby's future because measures to ensure that they can keep the child for any length of time are meagre. The emotional adequacy of many unmarried mothers for the task required in bringing up their children may be in doubt; and too little is known of the long term effects on both mother and child of his care by grandparents, although this is often regarded as a welcome solution. Much insight is required of any social worker who is called upon to help a mother in making a decision which will be in her child's best interest: and a long term view must be taken of the child's future needs.

## II GENERAL CONSIDERATIONS

### *Mitigation of effects of separation*

- 6 If a child's own family is unable to care for him or if he is rejected by his parents, choice is made for him from the various forms of care which offer an opportunity of close and continuing relationships with adults who welcome and provide for him as long as may be necessary. Such continuity of individual care normally makes it possible for the effects on him of separation and loss to be mitigated to a considerable degree. He can also be safeguarded in many instances by being with his brothers and sisters and by maintaining any links he may have with his parents, other relatives and friends. He is further helped by making new friends both in the home to which he goes, and also with children and adults in the neighbourhood.

### *Provision for children's interests and resources*

- 7 It is important for young, as for older, children to extend the range of their interests beyond their immediate environment since their intellectual and social development, and that of their speech in particular, is related to opportunities of this kind. Moreover, in an ordinary family, parents are not entirely preoccupied by the needs of the children; but staff living with a group of young children who have no family are faced with having to give special thought to the children's needs. They have, therefore, a difficult

task in achieving the necessary delicate balance between full acceptance of the children and avoidance of over-concentration on their care and this is a matter affecting the care of children from babyhood onwards. For example staff members who have babies in their care not only need to do what is immediately necessary in connection with their feeding, changing and bathing. They also spend time with the babies when they are awake. During this time, staff members are in part often occupied with knitting or sewing as well as with giving the babies companionship. Through such incidental companionship, it is possible both to secure more individual thought for the babies, and also to accustom them to the experience of not being the exclusive object of attention. For similar reasons, as would be the case with young children in a family, it is also very helpful for subjects of interest to the household in general to be talked about within the hearing of the children, and these may range over such matters as planning holidays, deciding on clothes, making changes in furniture, and commenting on interesting experiences that come the way of members of the household. Informal talk of this kind occurs readily when the residential care of young children has a simple domestic and family character.

- 8 The keeping of birthdays and festivals, appropriate simple religious observances and experiences to which children will respond are important aspects of the spiritual care given them. At this young age the qualities and attitude to life of those with whom they live are of special significance for the children's spiritual well-being.
- 9 Children who have their own family grow up among adults who have memories of them from their earliest years, and who take pleasure in keeping such things as snapshots of them and other members of their family and friends, and who help them to keep some of their early treasures. Children growing up without such a family background have a special need of a real basis for their memories of their early childhood, and of practical means whereby gaps in their memories may be filled and the continuity of their experiences be preserved. It is therefore important that those who have the care of young children should keep a simple descriptive record for each child, including snapshots of him, and that this record should be part of his personal possessions. It is of value both to the child and to those who will later have the care of him whether they be his own parents or adopting or foster parents,

or houseparents. Copies of snapshots and comments from a simple record of this kind might also well be included in the more formal case records kept officially for children.

- 10 In all forms of provision for young children continuing emphasis is given to the importance of play. Play is inherent in living and cannot therefore be considered as a special activity isolated from other aspects of the behaviour of young children. It is a means of ensuring their development and of strengthening their feelings of confidence. Children whose attitude to life has been affected by the unhappy experiences that have come their way have a special need of the opportunities offered by satisfactory play for the relief of disturbed feeling and for the building up of satisfaction through constructive effort. For the young baby much of his play is part and parcel of the care given in the course of the day, when he is for example bathed, fed and changed, or when he is lying awake with an adult near-by who talks and sometimes sings to him. Such incidental play awakens his interest, responsiveness and sense of fun, and gives him great pleasure. Simple playthings in his cot or pram catch his eye, particularly when he can reach out to grasp them.
- 11 Wherever he may be living, a baby enjoys his own gradually growing stock of improvised and individual playthings. He plays also in his efforts to move and raise his head, to turn over and to sit up. For some of his waking time he likes therefore to be wrapped loosely enough to be able to move easily, and from an early age to spend some time on a rug on the floor.
- 12 The simple kinds of play which are incidental to a child's general care and which are pleasurably shared with an adult continue throughout early childhood to be a source of satisfaction, fun and interest for him. He enjoys also being able to join adults in their work about the house and garden, and through such means he is able to feel that he is part of the life of the household to which he belongs, and that he has a share in more adult interests. Opportunities of seeing something of the life of the neighbourhood, of exploring further afield and of developing an interest in living things contribute considerably to the range of his interests, both social and intellectual.
- 13 Playing with other children is a means of ensuring satisfactory social development in young children. In playing together children

learn to give and to take; to tolerate their own shortcomings; to settle their differences and to cooperate; to be protective and independent. Young children become progressively more venturesome and able to enjoy more varied forms of play. Space for play, both indoors and out, has to be interesting as well as safe; and there is need for adequate play material for use in the garden and indoors. Materials such as water, sand, clay, sticks, stones, blocks, paint, customary household utensils, dolls, dressing up clothes, books, and opportunities for music, form the basis of provision. In addition some kinds of specially made toys are found to be of value, particularly those which can be taken to pieces and fitted together; and small scale model figures and objects. Sometimes natural surroundings are found to offer enough opportunities for running about, jumping, climbing and adventure, but improvised and other outdoor play equipment are often necessary.

- 14 Certain matters affecting the health and safety of children apply to whatever form of care is chosen for them. Thus the importance for young children of attractive looking meals and of a nutritious and well balanced diet containing adequate protein, minerals and vitamins, is recognised, and advice on the subject is available through the local authority health services, such as maternity and child welfare service and dental services, and from general practitioners. The health of a child may be affected by the people around him, so that it is necessary to ascertain that persons caring for a child are free from any disorder likely to harm him. Enquiries are therefore made by the local authority or voluntary organisation concerned about the physical and mental health of members of any household in which a child may be placed, whether for adoption, fostering or residential care.

### *Safety Precautions*

- 15 Attention is constantly given to minimising the risk of injury without curbing unnecessarily the child's natural urge to explore and to develop his agility. The safety of children in care is a matter of prime importance. Steps are taken to protect the children from dangers in the home, such as fire, burns and scalds, hazards connected with the gas and electricity supply, and the risk of swallowing noxious substances. The advice of a fire prevention officer of the local authority should be obtained on fire precautions, and frequent fire drills held in accordance with his recommendations. When children



are out of doors, particular care is given to road safety and, in places where there is access to water, to the danger of drowning.

- 16 An event requiring special thought is the welcoming of children, whether they are in need of long or short term care, to a household which is strange to them. Much can be done to soften the effects on them of a change to a new environment. In many instances, opportunities are found of preparing them for the change possibly through their being able to visit their new home with a member of their family or perhaps with a child care officer who has known them previously. Whenever possible several such preparatory visits should be made. Both the child and those who are to have the care of him need time and opportunities for getting to know one another, and the child needs time to become accustomed to the general feeling of the new situation into which he is going. As children become articulate they can be greatly helped by references in conversation to changes which are expected and they can be encouraged to look forward to these with pleasure. According to the age and development of children there may be differences in the amount of preparation needed, but observation of the responses of children will show when they become capable of pleasurable recognition of those with whom they are forming new relationships. In some circumstances no preparation of the child is possible, and there may still be emergency situations in which neither the child care officer nor those who are to care for the child have any contact with him before he is received into care. In any event, the way in which children are received by those who are to have the immediate care of them is of great significance to their feelings of safety and confidence. However important details of procedure connected with reception may be, these are considered subordinate to the welcome given to children by those with whom they are to live. Whenever possible if a child is to be placed in a residential home, reports on a child's circumstances and condition are sent beforehand to those who are to have charge of him. There may be some previous opportunity for them to discuss these reports with the child care officer, but even when this is not possible only the most necessary formalities need to be completed at the time of the child's arrival at his new home.

- 17 The reception of a child into a residential group needs particular consideration. It is found helpful for the staff member in whose group he is to be placed to take part in welcoming him. If he is

reasonably clean on arrival, any necessary cleansing and reclothing should be done when other children in his group are also washing and changing their clothes. If more immediate bathing and reclothing are necessary, staff members should find how best to spare him the particular humiliation he would suffer were he to feel unacceptable to them. When a child brings any of his own belongings with him, he should be able to keep these with him. If on admission a child for reasons of health, for example on account of infection, is not able to join the rest of the children, every effort is made to ensure that, although separated from the group, he does not suffer avoidable loneliness, and that he has the companionship of adults; if, on the other hand, it is evident that he is for the time being too bewildered to settle among other children, he may not immediately join his group, as he may often find more comfort from being in the kitchen for a while, or having time alone with a member of staff.

*Preparation for change in care: role of staff*

- 18 Just as the welcoming of children is an event requiring special consideration, so the preparation for any subsequent move is equally important. A move may take several forms; the return home, whether from a foster home or a residential group; placement from a residential group for adoption or in a foster home; or sometimes a move made necessary through a breakdown in fostering arrangements. Although a young child may have been prepared for a move, he may not at first show pleasure in it. He may even seem to resent returning to his own home, perhaps to the extent of refusing to recognise his parents; and he may show varying degrees of difficult behaviour. When a child goes from residential care to a foster home the move may also mean a setback for the child, and he may then be expected to show difficulties. It is always of great help to parents and to foster parents if these possibilities are explained to them; and explanations of this kind thus become part of the preparation of a child for any move. If for any reason a child has to be moved from his foster home he is liable to feel this move to be another experience of rejection and proof of his own unworthiness. Those to whom he then goes can help to restore his feelings of confidence by the warmth of the welcome they give him; and it is particularly helpful if he can return to someone who enjoyed caring for him previously. In such circumstances he may return to a residential group; and before

any further change is considered for him he often needs to be given considerable time in which to recover his emotional balance.

- 19 When a child in a group is given satisfactory continuity of individual care, he usually forms confident affectionate relationships with particular staff members. When he leaves them a change in attachments may be difficult for him, but he makes the change more easily for having had such satisfying relationships with them. It has sometimes been suggested that, when children are in residential care, members of staff should have a somewhat less personal relationship with them particularly if it is likely that they will be placed in a foster home. Studies of children show, however, that impersonal care even for short periods presents a child with circumstances which severely handicap his development and which intensify the effects on him of separation. It may well be that when he leaves those to whom he is attached he inevitably feels some loss and suffers some disturbance. Ways are found of reducing these effects, particularly when a child is helped to understand that a move is to be made and if he can become accustomed to his future home and to those who are to care for him there before the final change takes place. Those who are to have the care of him should visit him and get to know him; and he should be able to make several visits to his fresh home before he goes to settle there. He is also helped by finding in his new home a welcome and warmth similar to what he had in the home he has just left and he is greatly re-assured by being able from time to time to make return visits to it. In this way he can preserve the continuing contact with his past experiences and memories which is a necessary basis for his sense of reality and the enrichment of his thinking. The needs of young children who cannot yet talk about their experiences require particular consideration in respect of preserving for them in practical ways already suggested means of contact with the real basis of their early experience and memories. Children who can talk can be given the added reassurance of references in conversation that call to mind their earlier background and relationships. The continual relinquishment of children by staff members in residential groups make heavy demands on the staff. To be able to take part in planning for the children's future, and in fitting them to take their place with confidence in life outside the residential group, is a source of reassurance which is comforting to staff members, as is also news of children after they have gone.

### III FORMS OF CARE

#### *Adoption*

- 20 Adoption is a permanent means of providing for a child who has no parents or whose parents decide to relinquish him. There is in general no shortage of people wishing to adopt children and the choice of prospective adopting parents requires great discernment on the part of the child care workers. Over and above considerations of health and the general suitability of the home offered, there are the complicated questions of motivation and of the capacity of the adults concerned for satisfactory personal relationships, and for accepting difficulties along with the more pleasurable aspects of bringing up a child. Child care staff are faced with the task of considering each child's characteristics and capacities, and of estimating which placement is likely to prove most favourable for him. For children in residential care it is of great importance that staff members who have had the care of them should take part in discussion of plans for their adoption. Special consideration may arise in the selection of married couples who are prepared to adopt children with handicaps. Adoption can be satisfactorily arranged for children with the kind of handicap that has sometimes in the past been regarded as an obstacle to adoption, provided that adopting parents are fully aware of the nature of the handicap and equal to the demands it may make on them.
- 21 When it is known that a child is available for adoption efforts should be made to avoid delay in placing him with the adopting parents chosen for him. Adopting parents need the pleasure and the satisfying memories of caring for a child from early babyhood, and such memories often help to tide them over the normal difficulties of later childhood. When a child awaiting adoption is in residential care members of the staff looking after him can be of considerable help to the child care officer or adoption worker in arriving at an understanding of the qualities of both the child and of possible adopters; and once a decision is made they can be particularly helpful in establishing contact between the child and adopters before he finally leaves the nursery or home. It is important that adopting parents should not only visit the child before he is placed with them, but should themselves fetch him from the nursery or home in which he has been living. Arrangements which involve the transfer of a child in a more remote situation, such as an

office, are to be avoided; and, as in the case of children who are to be boarded out, the child to be adopted and his adopting parents should have opportunities of getting to know one another before the parents take him to remain with them. During the interval before the adoption order is finally made, adopting parents have the help of child care workers who serve as advisers to them, and who may have the added responsibility of acting as guardian-ad-litem.

*Children in need of short or long term care*

- 22 Long term care is needed by those children of unmarried mothers, who, although they wish to keep their children, are not able to make a home for them; and by some children whose families are broken through illness or death of a parent, through the breakup of a marriage, or through neglect or abandonment or through homelessness. In some instances the child may be the subject of a fit person order made by a juvenile court. Short term care may be needed for similar reasons; and with the greater attention to meeting needs in a family setting some children at first considered to be in need of long term care may prove to need only short term care away from their families, with possibly long term supervision after their return home. It may be found that some children whose needs are expected to be of a short term nature prove through changing circumstances to be in need of long term care.
- 23 Whether children are in need of long or short-term care, there are several choices available to them, for example, foster home care, care in a small home for children of any age, and care in a residential group of mainly young children. A decision as to which form of care may be most suited to a young child is usually based on the possibility it offers him of continuity in relationships with those who will care for him. Other considerations may also affect the decision, as, for example, whether or not a young child has family ties which should be maintained or brothers and sisters with whom it seems wise for him to remain. In some instances, the effect on a child of his experiences before he came into care, and the likelihood of his responding more satisfactorily to a particular form of care have to be specially taken into account. Both in relation to the short and long-term needs of children, no one form of care for young children can necessarily be judged to be the most satisfactory: a range of services is required.

## *Boarding out*

- 24 A foster home, either on a short or long term basis, may well prove to be the means whereby a young child may find a familiar way of living and helpful relationships within the circle of an ordinary family. The task of choosing a suitable foster home for a young child, and of giving guidance to foster parents, demands a high level of skill and consideration should be given in the making of the choice to finding for the child both male and female influences. As in the case of other changes in care children should be prepared by visits to foster parents, and by visits of the child to his new home. Particular regulations apply to the boarding out of children in care and these are to be found in the Boarding Out of Children Regulations 1955. (S.I. 1955 No. 1377): the requirements are explained in the Home Office Memorandum on the Boarding Out of Children Regulations, 1955.
- 25 Children in need of short term care are often placed directly in a foster home, and many local authorities now *have a carefully selected list of foster homes ready to accept young children for short periods*. It is customary to notify the health department of young children coming into care so that they may continue to enjoy the benefit of supervision by the health visitor. Children in need of long term care may also be placed directly, or they may be placed after a period in a residential group. Staff members who have cared for them in the group can be of special help in taking part in preparation for a child's placing in a foster home and should visit the foster-parents with the child. Their observations about the child during the time he has spent with them are of particular value to the child care officer in arriving at decisions as to a suitable placement for a child.
- 26 Some foster mothers are particularly interested and skilled in looking after young babies and some in caring for handicapped children. The care of such children calls for necessary knowledge which will enable a foster mother quickly to recognise in a child any signs of illness or disability. Her confidence and reliability can be considerably strengthened if at the outset she is given information about the care, health and feeding of the child, and is helped to understand how to make use of the health services available for young children. When a foster mother with special aptitudes for the care of young children is found, there is the risk that she may

be over-burdened with more children than she can manage and this has to be avoided.

- 27 In the main the needs of children who are members of a family are best met usually by their being brought up together, since most children who are separated from their parents find great support in one another. If foster placement is decided upon for a young child who is one of a family, it is important for him to be placed with his brothers and sisters in the same foster home. When there are several children in one family to be placed, it is none the less necessary to consider the needs of each child. In exceptional circumstances an older child may need to be relieved of over-anxious feelings of responsibility for a young brother or sister, and some young children have unusually distressing feelings or rivalry on account of their previous unsatisfactory experiences. Although learning to deal with rivalry and aggression is a normal part of a child's development, the normal progress of some children, whose difficulties are intensified by the earlier lack of adequate family care, may best be ensured by placement in separate foster homes particularly if these are near enough to allow easy visiting of one child by another.

#### *Homes of children of any age*

- 28 A small home for children of any age may be considered to be the most helpful form of care for some young children. This may be found to be the case in families where relationships between the children seem normally confident, where it is considered to be in their best interests that they should grow up together, and where it proves difficult to find a foster home that is unlikely to be upset by visits from relatives. One of the advantages enjoyed by a young child placed in this kind of home as compared with a nursery is that he does not have to compete with too many other children who are of similar ages and who need the same kind of attention. Suitable arrangements for the individual medical care of the children and for the medical supervision of the home are needed to safeguard the health of young children placed in a home for children of any age. The staffing of an all-age home in which very young children are placed needs special consideration. Staff members with an understanding of the care of young children are necessary; and the staffing of the home needs to be adequate in number to allow for the care of the young children not only while

the older children are at school but also at such times as their relatively early bed time, when the older children in the household make claims on staff time and interest. For every two or three very young children placed in an all-age home, an additional staff member is necessary. Although children can remain for as long as necessary in a home of this kind, the home is likely to have changes of staff. Children are helped to some extent by making friends both with adults and children in the neighbourhood and at school, and by preserving contacts with parents, relatives and earlier friends; and these relationships may go some way to compensate for changes within the immediate household.

### *Care of children in nurseries*

- 29 For other young children, the chosen form of care may be a residential nursery. The care of young children in a nursery continues to make great demands on the understanding and skill of those who live with them, and the short term nature of much of the care in no way diminishes the difficulties. The task of reassuring children upset by recent separation from home, and of satisfying each child's need for mothering, is intensified by the effects on the children of frequent changes in the group. Furthermore, not only have staff members to be ready to give warm hearted care to children for relatively short periods but they have also to be ready to relinquish any child when, as the outcome of the care they have given him, it becomes evident that his needs will henceforth best be met by a different placement.
- 30 The period spent by children in a nursery varies according to circumstances. For some children placement in another home may be decided upon after a relatively short period. For other children, a longer period in a nursery may be considered necessary in order to help them regain the confidence required to face yet another situation. Some children may have special needs or handicaps which make it essential for them to be looked after by staff members specially equipped to care for them; and a few children may need to remain in the same residential group beyond the usual age.
- 31 It is possible for a young child in a residential nursery to form the personal attachments needed for his satisfactory development provided the children can live in relatively small groups of mixed ages, each with its own staffing. In some instances ordinary dwelling houses are adapted to serve as new nurseries, there being one or



two groups of children in the household, the total number being some six, or twelve children. Where larger premises are required, it is found possible to ensure a homelike character if premises are such as to house a maximum number of some twenty children subdivided into small groups. Within even larger households, homelike forms of care are also found to be possible, though the task of ensuring this is a difficult one. As in smaller households, the total household is subdivided into small groups of some five or six children, each with its own staff and according to circumstances each having a living-room, bedroom and bathroom. In a small household, it may be possible for babies to be included within each of the small groups. In larger households, where there is a relatively large number of young babies who are therefore cared for in parts of the house set aside for them, contact between babies and older children is encouraged. For example in the garden the babies' prams are not necessarily in a space specially reserved for them: and babies are also brought to spend time in the older children's living rooms (but see also paragraph 44).

#### *Continuity of care in nurseries*

- 32 In order to allow for the individual care of babies who live as a group within a larger household, particular staff members are allocated to them. The aim is to ensure that, in so far as possible, each baby is cared for regularly by the same few people who thus become familiar to the baby. In this way the baby can be given affection and the sense of his own value that he would gain normally from his mother. His general responsiveness is encouraged and his development safeguarded within this relationship.
- 33 The children in the groups of mixed ages in any household have a similar need for continuity of individual care. The life of the household is so organised that each child is able, within a small group of children, to look to a particular member of staff. The size and nature of the groups depend on such factors as the total number of children in the nursery, the staffing and the accommodation, and not all groups are necessarily of the same size. The number of young children who can satisfactorily constitute a group is a matter for continuing observation, but it is often found that five or six children is a suitable number. It is also found helpful for there to be some possibility of variation in the size of groups, so as to allow for brothers and sisters to be placed in the same

group. Whatever the size of the group and whatever the nature of the accommodation, the principle on which the grouping is based remains the same—the care of individual children by particular members of staff.

- 34 When it seems to be in the child's interest to remain beyond the age of five in a familiar group, he stays in the same household and goes out from it to school. Brothers and sisters are enabled in this way to be together, perhaps until all of them are ready for a move. Children who have suffered breakdowns in foster placement, and those whose experience before being received into care were of such severity that they have remained backward or unusually disturbed are also greatly helped by not having to be moved merely for reasons of age. The same is often true of handicapped children. Although a child may continue to need what is familiar, he is none the less growing up and must take his place in school as do children coming from their own family. Care is taken to ensure that a child is dressed in a similar way to other children who are starting at school, and that like other children he can make his payments for meals and contributions to such matters as saving schemes. Members of staff make contact with the staff of the school as a parent would, and attend school functions open to parents. Such contacts between those who care for him at home and those whom he meets at school strengthen the child's feelings of self-respect and his sense of security. In order to safeguard his development and to protect him from feeling that he belongs to a household of babies, some adjustment in his bedtime, and fresh provision for his developing interests has to be made. For example, he enjoys bringing friends home from school with him and going out to play with them.

#### *Daily life in nurseries*

- 35 The member of staff responsible for a group needs to have enough knowledge of the circumstances of the children to enable her to care for them with understanding and to comfort them when they are distressed. She helps to receive children on arrival, and to settle them in. When she is doing jobs about the house children can join in these and accompany her on errands and outings. She needs to allow plenty of time in the day for play with the children both indoors and out. Time is also needed for exploring the garden and sharing in the interests there; and for getting to

know the surrounding neighbourhood. Visits by relatives and friends of the children are welcomed as a familiar and expected experience and should be encouraged. It is helpful if children can have tea with their parents and be put to bed by them during such visits.

- 36 The routine of living in a household for young children can be varied and flexible. It is not necessary for each group of children to follow the same programme. Members of staff responsible for the groups are guided by the head of the household in planning for their children and in keeping her fully aware of their daily programme; but each group can be relatively free to pursue its own interests.
- 37 The groups of children have their mid-day meal in their own living room, as they do their other meals, since meal-times are regarded as part of the ordinary homelike care which children need. The table is of normal height, and high chairs are used for the smaller children. The table is attractively laid and serving dishes placed on it. Food is served by a member of staff responsible for the group who sits at table with the children. It is not always possible for staff members to eat their own main meals such as dinner with the children as much of their attention may be needed for helping those who cannot manage very well for themselves. It should be possible for staff to share the tea meal regularly. At all meals they can sit with the children, join in conversation with them and help them to enjoy meal-times as a social and family occasion.
- 38 As in the case of meal-times, some of the best opportunities for showing a child affection and for giving him individual care occur also at bath time and bed time. Whenever possible he is bathed and put to bed by the member of staff in whose immediate care he is. Bathtime is leisurely enough to be enjoyed by him; and time for a story before he says his prayers and is tucked into bed with his favourite toy for company is greatly enjoyed and helps him to settle happily. Some individual variation is allowed about bedtime, though it is found that six o'clock is usually early enough for all but the youngest children. When children need a daytime rest they usually rest in their bedrooms rather than on special rest beds.
- 39 The extent to which a communal play room is found necessary depends upon circumstances, but the tendency is for a full range of play provision to be made in each living room. Although material

is available there for general use by the group, each child should also have his own playthings. Where an additional playroom is available, it can be used in an informal way for children who may need from time to time a change of interest and activity. Its routine full time use is found to have few advantages particularly if it means that the elder children in the household spend the greater part of the day separated from the younger ones. Since young children in a residential group profit from a satisfactory combination of homelike care with other opportunities for development, they need to spend enough of their time with staff members who care generally for them and who also join in their play. A playroom may provide a valuable supplement to the living rooms, provided the use made of it still allows for the general routine of the children to be formally planned.

- 40 The regular care and replenishment of the considerable amount of play material needed in a nursery by several groups of children, each of various ages, may require more time than the staff members responsible for the full personal care of the children may be able to give. In a small nursery, staff members who undertake the personal care of the children may also be able to make adequate provision for their play; but in many larger nurseries it is important for there to be a staff member with sufficient time to help in providing play material for the various groups. In providing for the children's interests, this staff member and the staff responsible for the groups work closely together; and when the group staff have free days and holidays she acts as relief for them. By spending time in working with the various groups, she can then also have some share in the general care of the children, since she can take part in their meals, outings and other activities. In households where there is still a playroom for general use during parts of the day, this staff member provides there a supplement to the play which children have at other times in their own groups. In this she has the help of members of staff from the groups, and from time to time joins a group at mealtimes.

#### *Furnishing of nurseries*

- 41 The furnishings and equipment for a household of young children are similar to those found in an ordinary simple, but comfortable, home. There is no need for small sized furniture in the children's living rooms and toilet fittings are of ordinary domestic sizes.

Attractive curtains, rugs, tables and chairs of ordinary height, a settee and fireside chairs, and pictures (hung low enough to be seen by the children) all help to create a homely atmosphere. Shelving and cupboard space are provided for playthings, so as to give space for individual belongings and for those used by everyone. Low beds rather than cots are suitable for many of the children and each child should have his own; and in the bedrooms there are chests of drawers and mirrors at a suitable height. Bedrooms for two or three children are found to be more homelike than larger rooms for six or eight beds. The provision of one or two single bedrooms may make it unnecessary for there to be special isolation rooms. The furnishing of babies' rooms can assume a more homelike character as rugs, nursing chairs and chests of drawers are provided. The provision of labour saving devices such as washing machines, spin dryers, and washing-up machines is a great asset in that it enables the staff to spend more time actually with the children.

### *Health care in nurseries*

- 42 Special medical arrangements are made in a nursery to safeguard the health of the children. A medical officer is appointed, who may be a general practitioner; sometimes one doctor can undertake all the medical work, including supervision of hygiene, alternatively the work may be shared by two doctors and a medical officer of the local health authority may be concerned with the general hygiene of the nursery while a general practitioner attends to the ailments of individual children. It is valuable for the doctor's visits to the nursery to be frequent enough for him to know the children well and discuss their progress with the staff. The control of infectious disease and medical aspects of the planning of accommodation are matters on which the visiting doctor is expected to advise, and it is important that any illness among the staff is made known to him. In the case of a nursery provided by a local authority it is desirable for the advice of the medical officer of health to be sought on all medical matters connected with the nursery including the appointment of a medical officer. Voluntary organisations may also find it an advantage to seek the advice of the medical officer of health in such matters.
- 43 Information about a child's previous medical history, including details of immunisations, should be made available to the doctor.

It is important that continuity of medical records should be maintained, especially if a child has to be moved to a different place of care. Children are medically examined on admission, and then at monthly or quarterly intervals, according to age, and are seen again before they leave. They should be weighed regularly at intervals, according to age. An individual medical record is kept for every child, including a note of each medical examination, of progress in weight and general development, and of any illnesses. All children over three years of age must have regular dental inspection. In order that children may be suitably safeguarded in such emergencies as outbreaks of infectious illness the consent of parents to immunisation of children should be obtained when they are admitted.

- 44 When a number of young children live together in a nursery, particular safeguards are needed. Young children are particularly susceptible to respiratory and gastro-intestinal infections, and the former are now the commonest cause of death in children under two years old. The spread and severity of infections can be appreciably lessened by keeping the groups of children small, by good general living conditions and hygiene standards, especially in the preparation of infant feeds and, most important of all, by prompt precautionary isolation of a child at the first sign of any illness however mild it may be initially. It is recognised that young babies may be so quickly overwhelmed by some respiratory infections as to show little or no respiratory symptoms; staff realise, therefore, the importance of any slight change in a baby's condition, and of notifying the doctor at once, since there may be little time for successful treatment. The risk of spread of gastro-intestinal infections, many of which are handborne, can be lessened by careful attention to hand washing, and to cleanliness in the preparation and serving of foods; and by the maintenance of a high standard of domestic hygiene.
- 45 The care of young children in residential nurseries requires a good standard of health in the staff and the necessary measures to prevent the spread of infection from them to the children as well as from child to child. It is desirable in their own interests, that staff members should be vaccinated against poliomyelitis in common with other persons, e.g. hospital staff, and local authority health staff, who are at special risk. They should also have annual X-ray examinations of the chest. Proper isolation arrangements

should be made for staff. Isolation rooms for children in a nursery should preferably be single rooms, and in small homes there should always be at least one single room which can be made available promptly for isolation use. Sickroom accommodation for children will vary according to the size of the nursery and it should be so situated as to make supervision and adult companionship easy by day and by night. It should be pleasantly furnished with due regard to free circulation of air and easy cleaning, and needs a stock of suitable play material which can be easily disinfected or replaced.

#### IV STAFFING AND TRAINING

##### *Staffing of nurseries*

- 46 In any household for young children, it is inevitable that there should be a *high ratio of staff to children*, not only to provide enough staff to give the children the continuing personal care they need, but also to ensure that the staffing establishment allows for off-duty time, night duty, holidays and absences due to sickness.
- 47 Qualifications required of staff may vary somewhat according to the total size of the household. In households for as many as twenty or more children, it is usual for the person in charge to have had experience in the care of both healthy and sick children. She needs a deputy and both should be resident. One of them usually has a recognised nursing qualification, or she may be a nursery nurse with considerable experience. In some instances a married woman, whose husband follows his own employment, has charge of the nursery. In relatively small households the main responsibility for the nursery may be carried by a member of staff with a nursery nurse qualification and experience of the care of children in residential groups; and housemothers holding the certificate of the Central Training Council in Child Care may also be in charge of such households when they have had particular experience in the care of young children. It is not usually possible for the head of a nursery to have charge of a particular group of children, since she has also to take responsibility for the general running of the household. Her deputy usually has particular responsibility for the care of the babies where there is a separate baby group, and may therefore be counted as part of the staffing required for them. In large households, however, where the work

of the deputy also includes a considerable share in the oversight of the household she cannot be regarded as being specially available for the care of the babies, although she may still have responsibility for their supervision.

48 It is preferable to think in terms of staff required by each group of children within a nursery, rather than in terms of a ratio of staff to a particular number of children. Such an arrangement has the advantage of allowing for some slight fluctuation of numbers in the groups, and it also ensures the more constant attachment of particular members of staff to a particular group of children. Each group of children of mixed ages will require a minimum of two staff members where the number of children in any group is five or six, and three staff members where the number is larger than this. Where there are more than two groups, an additional staff member is needed to take the place of other staff members when they are having free time; and in some nurseries an additional staff member with time to assist in providing for the children's play is necessary. The staffing as here described represents a proportion of not less than two staff members to every five children of various ages with additional night staff. *In considering the staffing of a baby group in a household, it is necessary to have a minimum of one staff member to every two babies.*

49 When night duty is needed, as it is in somewhat large households or when there is a number of babies in care, it is sometimes helpful for it to be shared by two or three non-resident women who between them provide the necessary amount of supervision and care required. It is sometimes possible (for part-time work of this kind) to recruit retired nursery nurses or nurses who are living in the neighbourhood. In other instances, day time staff share night duty on a rota basis.

### *Training of staff*

50 It has become clear as these developments in the care of young children have taken place that different kinds of demands are being made upon the staff. While it still must be recognised that there are for babies and very young children certain special considerations in terms of health, personal attention and immediate surroundings, these considerations need also to be understood in relation to the needs of all children. Throughout this memorandum, stress has been laid upon the primary importance of continuity



in the children's personal relationships, whether with their own relatives or with members of the staff who care for them. All residential staff need understanding of the child at various stages in his development so that they can think of him as a growing person, in terms both of his past and his future. Continuity of relationship means mutual understanding and goodwill between residential staff and child care officers so that both may be of help to the child, to his parents, and to adoptive or foster parents if they come to be involved.

- 51 There are at present two main types of training for residential work with children. These courses were designed at a time when there was a clearer demarcation between the care of children in residential nurseries and those who (mainly because of their age) were cared for largely in different and more varied ways. The training for nursery nurses is that leading to the certificate of the National Nursery Examination Board. Nursery Training Colleges also award their own certificate in nursery nursing, often in addition to the N.N.E.B. Certificate. The Central Training Council in Child Care is responsible for courses which lead to the Certificate in the Residential Care of Children. The N.N.E.B. courses concentrate mainly upon young children; the Central Training Council Courses cater for staff dealing with children of all ages. N.N.E.B. training can be started by students at the age of sixteen or seventeen; C.T.C. courses are limited to students of eighteen or over, and to those who have already had some residential experience. N.N.E.B. students are placed on salary in an approved nursery for training over a two year period, and during this time, they attend classes at a technical college, both for further education and vocational training. Throughout the two year period in the nursery students share fully in the care of children under the guidance of experienced staff members. The students in the twelve month's full time courses of the C.T.C. receive grants (or are on salaried leave of absence) for full time study, and their practical work is arranged in three block periods, one of which can be undertaken with children of under five. Some students who already hold the N.N.E.B. certificate enter these full time courses after further experience, and have their own valuable contribution to make partly because of their greater practical experience.
- 52 The aim of any training is to give members of staff ledge of the general principles and philosophy

methods of care. Changes in forms of training may be needed in order to ensure that the preparation of staff for the care of young children will correspond fully to developments in methods of care. Many staff members already find support for their previous training and experience through attendance at refresher courses.

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